

Clinical Psychology Fellowships

2011 - 2012

**At the
Veterans Affairs Medical Center
Portland, Oregon**



**Department of
Veterans Affairs**

Affiliated with Oregon Health & Science University

Welcome

The Training Committee at the Portland VA Medical Center appreciates your interest in our postdoctoral psychology fellowships. The Portland VAMC psychology staff values collegial working relationships with fellows as well as the opportunity to teach and provide supervision.

In addition to the benefits of the training program, living in the Greater Portland Metropolitan Area offers the best of urban and outdoor life. Portland is an extremely livable city, replete with restaurants, music, shopping, and natural beauty. In Portland it's literally possible to take a morning ski run on Mt. Hood's glacier, windsurf in the Columbia during the afternoon, and catch dinner and theatre downtown in the evening.

To supplement the fellowship brochure, the following non-VA websites offer information about Portland and the surrounding areas:

portland.citysearch.com
oregonlive.com
portlandalliance.com
travelportland.com

We look forward to reviewing your application.

Sincerely,

Elizabeth Goy, Associate Director of Training

David Indest, Director of Training

Psychology Training Committee:

Dennis Allison, Chris Anderson, Linda Gonzales, Marilyn Huckans, Adam Nelson, Angela Plowhead, Daniel Storzbach, Malinda Trujillo, Amy Wagner, and Mark Ward

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About Us



The Portland Veterans Affairs Medical Center is an attractive and vital health care center. In addition to comprehensive medical and mental health services, the Portland VAMC supports ongoing research and medical education. The Portland VAMC is connected to OHSU structurally by a beautiful sky bridge and functionally by shared staff, trainees, and educational opportunities.

The Vancouver, Washington division of the Portland VAMC is located just across the Columbia River. This spacious campus houses long-term rehabilitation programs, a skilled nursing facility, substance abuse treatment program, PTSD clinic, post-deployment clinic, and primary care.

The Portland VAMC values diversity in our staff. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.



Fellowship Program Overview

The Portland VA Medical Center is pleased to announce five psychology postdoctoral fellowship (residency) emphasis areas at our facility for the 2011-2012 academic year. Fellowships are for 2080 hours to be completed over a 12-month period. The 2011-2012 fellowship training year will begin on September 12, 2011.

Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactics will include postdoc-specific professional development and didactic seminars twice monthly; for weeks without these postdoc-specific seminars, each fellow constructs his/her own specialty-specific didactics program from the many other professional training opportunities available, such as Psychiatry Grand Rounds. Fellows will receive two hours of individual supervision weekly and one hour of group supervision with other psychology postdoctoral trainees. Fellows will also be trained in supervision and obtain experience in supervised supervision of interns. All fellows meet weekly for one hour of informal peer process group during which they support each other and compare experiences.

The stipend for these positions is \$44,530 plus benefits. Residents are granted Annual Leave and Sick Leave, ten federal holidays, and up to six days of authorized absence for educational leave. Funding for select educational activities may also be available.

Most clinical and research activities will take place at the Portland VA Medical Center, but fellows may also spend time at Oregon Health & Science University, our medical school affiliate.

Clinical Psychology Fellowship Descriptions

Health Psychology Emphasis

David Indest, Psy.D., lead supervisor. The health psychology fellow develops behavioral medicine clinical and research skills in a variety of integrated care settings over one year. As the only VHA facility in the nation housing both a Liver Transplant Program and a Hepatitis C Resource Center (HCRC), the Portland VAMC offers a unique training experience as a member of an interprofessional care team for a complex specialty medicine condition, hepatitis C virus (HCV) infection. The NW HCRC is a national program charged with developing evidence-based best practices for HCV care with a particular focus on psychiatric and substance use disorders co-morbidity in veterans with hepatitis C. Patients with HCV commonly present with a complicated set of mental health, substance abuse, and medical issues. Fellows will be full members of the HCV, Liver Transplant, and Substance Abuse interprofessional care teams. Through firsthand observation and then direct supervision, they will develop a unique set of skills that can be applied to any complex medical condition requiring interprofessional care:

1. Conducting Pre-Interferon Evaluations to determine patients' suitability to begin interferon treatment, including developing plans to help unsuitable candidates become prepared for treatment and to monitor high-risk patients throughout the course of treatment. These evaluations assess HCV disease knowledge and progression, treatment and side effect knowledge, psychiatric stability, substance use and abuse, psychosocial security, treatment planning and monitoring, and treatment adherence and self-management.
2. Conducting Pre-Transplant Evaluations to determine patients' suitability to receive and make best use of a rare organ donation. The Fellow will conduct assessments of mental health, substance use, and behavioral issues, including procedure knowledge, psychosocial and material support, and adherence and self-management.
3. Delivering Motivational Interventions to address entrenched substance abuse and other behaviors that impede health and access to medical services.
4. Providing In-Situ Psychological Interventions to Medical Patients. The Health Fellow will have the unique opportunity to be part of specialty medical clinics and provide psychological services in Liver Clinics, Primary Care Clinics, and the Liver Lodge (residential facility for patients undergoing liver transplant and evaluation for liver transplant). The Fellow will learn cognitive-behavioral treatments for typical symptoms of depression, irritability, anxiety, and panic, as well as behavioral medicine interventions for managing complex conditions such as chronic pain and other somatic symptoms exacerbated by psychological factors.
5. Conducting Clinical Research. PVAMC is home to many grant-funded psychologists researching health-related topics. The Health Fellow can select from many existing research opportunities or develop new ones. The NWHCRC has access to a number of local, regional, and national databases that allow a Fellow to develop a research inquiry to address aspects of care.
6. Receiving Research Mentorship. The Health Fellow selects a primary research mentor for the year and can design a training plan involving several principal investigators. Fellows can spend up to 50% of their time on research-related activities.

Mental Health/Primary Care Integration Emphasis

Linda Gonzales, Ph.D., lead supervisor. This fellow practices for one year in settings that integrate Mental Health and Primary Care services. The fellow works closely with members of the General Medicine-Psychiatry teams (GM-Psych), groups of mental health professionals embedded in Primary Care clinics. Their placement allows for better coordination of psychiatric and medical care, especially for those patients with multiple co-morbidities. A major benefit of this approach is that many patients can be successfully managed after brief collaborative interventions on an ongoing basis by their Primary Care Providers, with ongoing consultation by mental health providers. Another major benefit is the continued erosion of barriers and silos that often exist between Mental Health and Primary Care Programs.

Psychologists and trainees have been part of GM-Psych from its inception ten years ago. The Fellow in this position will primarily develop skills in the assessment and treatment of patients seen in Primary Care settings. They will provide various psychological services, including time-limited individual treatment, cognitive behavioral therapy, joint brief visits with the PCP and patient as needed, psychological assessment, as well as easily accessible mental health "curbside" consultations. Upon request, fellows may also participate in the Threat Assessment programs within the facility, which evaluate and manage disruptive behavior in clinical setting.

Clinical training for the postdoctoral fellowship training will emphasize the following:

1. Appreciation of the culture of the Primary Care Clinic and the way physicians and other PCPs view and treat mental health problems.
2. How to coordinate care with the other providers in a clinic setting
3. Understanding of common chronic medical problems and their relationships with psychiatric disorders
4. Basic understanding of commonly used psychotropic medications and how to investigate whether there may be drug interactions with other medicines the patient is taking
5. How to utilize a consultation and brief intervention model within a Primary Care Clinic

Mental Illness Research, Education, & Clinical Center (MIRECC) Fellowship

Elizabeth Goy, Ph.D., lead supervisor. The MIRECC fellowship is a **two-year** interdisciplinary program training psychologists to become outstanding clinical researchers in high priority areas of mental health, serving as change agents to help lead VA and other public and private health care systems into the 21st century. This fellowship integrates research, education and clinical care while focusing on posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), geropsychology, and dementia. The Portland VAMC MIRECC fellowship site is linked electronically to the other national MIRECC sites for didactic, academic, and research efforts.

Fellows have the flexibility to design their mentoring committee and a training plan focusing on their interests. The Portland VAMC MIRECC has particular expertise in PTSD, TBI, geropsychology, and dementia. Fellows devote 75% of their time to research and education activities and 25% to clinical training. In collaboration with their mentors, fellows will develop and implement research projects, publish and present findings, write grants, and utilize the latest technology for educational activities and clinical service delivery. The program is designed to prepare graduates for grant-funded research careers in mental health systems.

The MIRECC fellow has a variety of novel training opportunities:

- Complete OHSU's Human Investigations Program (HIP), which teaches basic clinical research skills and results in a Certificate in Human Investigations.
- Present research to various disciplines of health practitioners in both the psychiatry research conference and the MIRECC Presents videoconference series.
- Design and implement CME conferences and distance learning programs for VA and non-VA professional staff, and programs for veterans and their families, throughout the Pacific Northwest.
- Co-facilitate a group for WWII and Korean ex-prisoners of war.
- Develop cultural competence providing assessment and treatment in OHSU's Intercultural Psychiatric Program. The IPP serves patients from 18 language groups and from the Middle East, Central America, Somalia, Ethiopia, Bosnia, Cambodia, Vietnam, and Laos. Many have PTSD or a history of TBI from war trauma and other violence.

Palliative Care Emphasis

Elizabeth Goy, Ph.D., lead supervisor. This fellowship is part of the VA Interprofessional Palliative Care Postdoctoral Fellowship. This is a one-year training program in which the psychologist fellow will join an interdisciplinary palliative care team including other fellows in social work, palliative medicine, nursing, and chaplaincy. The psychology fellow will function year round as a palliative care consult team member, attending palliative care rounds, taking psychology referrals for palliative care inpatients (in hospital and nursing skilled care units) and outpatients, and providing expertise to other hospital disciplines caring for palliative and hospice-enrolled inpatients. Additionally, the fellow will complete several 4- or 6-month training site rotations that may include:

- Hematology/Oncology clinics
- VA Home-Based Primary Care
- VA Heart Failure Clinic
- OHSU outpatient psychiatry individual therapy for end-of-life processing and bereavement
- OHSU geropsychiatry clinic

Training will be designed to maximize the fellow's expertise in psychological aspects of end-of-life care, including evaluation of mood and quality of life; knowledge and treatment of common end-of-life psychiatric syndromes (including depression, anxiety, delirium, posttraumatic stress disorder, anticipatory grief, substance abuse, and sleep disorders); caregiver strain and processing of grief; in-depth understanding of disease-specific end-of-life trajectories; working with other disciplines including chaplains, social workers, nurses, pharmacists, and physicians to maximize palliative support and identify unmet needs for psychological services; empirical basis of assessment and treatment planning; and in-depth understanding of end-of-life pain treatment protocols and symptom management.

Fellows will have one day per week available for development and conduct of faculty/IRB-approved research; this option can be adjusted if more time is desired for clinical activities. Fellows will participate in a specially designed didactic seminar series each week. The series will draw from resources at the VA, at OHSU, and in the community. Didactics will include weekly interprofessional palliative care fellowship didactics, monthly all-city palliative care conference, OHSU department of psychiatry grand rounds, and postdoc-specific professional development and didactic seminars twice monthly. The fellow will receive two hours of individual supervision weekly and one hour of group supervision with other psychology postdoctoral trainees. The fellow will obtain experience in supervised supervision of interns.

Polytrauma Emphasis

Daniel Storzbach, Ph.D., & Amy Wagner, Ph.D., lead supervisors. The trainee in this position will develop skills primarily in the assessment and treatment of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). This Fellow will work within the current PTSD Clinical Team (PCT) and the Neuropsychology Service located in the Mental Health Clinic. It is expected that the majority of the Fellow's clinical activities will be with veterans who have recently returned from Iraq and Afghanistan, a population that has been shown to have high rates of TBI and PTSD.

The TBI portion of the fellowship will be managed by the Neuropsychology Service. This training experience is designed to enhance the skills of Fellows with prior neuropsychology experience by exposing them to the unique population of veterans with combat-related TBI and other possible combat-related exposures. The emphasis will be on acquiring specialized expertise in assessment and rehabilitation of the effects of both combat-related TBI and co-occurring adverse psychological effects, particularly post-traumatic stress disorder (PTSD), depression, and adjustment reactions. The assessment approach at Portland VAMC combines structured and flexible techniques. In addition to clinical training, fellows will attend seminars that provide theoretical and practical reviews of current issues including formal case presentations, Neuropsychology Case Conferences led by Dr. Muriel Lezak at OHSU, and Neuroscience Grand Rounds. There will also be opportunities to work in collaboration with staff from the VA's Center for Polytrauma Care in Seattle and the Psychology Department at Madigan Army Medical Center.

Fellows will also work directly with the recently funded VA Merit Review study "Multidiscipline Assessment of Blast Victims for Cognitive Rehabilitation." The primary objective of this study is to investigate whether wartime exposure to explosions has long-term neuropsychological and psychiatric effects on OIF/OEF veterans and to clarify the relative extent and severity of these two types of effects.

Within the PCT, fellows will participate in nationally recognized group education and therapy programs developed at the Portland VAMC. They will also gain experience in evidence-based individual treatment models. The Portland and Vancouver PCT staff have expertise in such treatment models as Dialectical Behavioral Therapy (DBT), Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT). Training emphasizes conceptualization and treatment of acute and chronic posttraumatic sequelae. The fellow will participate actively in the provision of clinical services, supervise interns, and contribute to ongoing research. The goal of training for the PTSD element is to instill specialized knowledge of and treatment for PTSD and related conditions. Particular emphasis will be on learning and further developing adaptations of PTSD treatments for individuals with TBI.

Required Training Experiences for Fellows

Regardless of specialty, all psychology fellows will gain experience in assessment, treatment, and consultation.

Assessment

Fellows will conduct intake assessments and learn to make competent multiaxial DSM-IV diagnoses. Fellows also use a number of personality and cognitive assessment instruments, including the MMPI-2, PAI, WMS-IV, WAIS-IV, and RBANS. Fellows will learn to clarify referral questions, select test batteries, administer and score tests, integrate test results with other data, write clear and concise reports, and provide feedback to patients and referring providers.

Treatment

The Portland VAMC uses a number of psychological treatment approaches. Fellows will provide individual therapy that is generally time-limited. Presenting problems include anxiety, depression, personality disorders, and major mental illness. Family therapy also can be an important component of treatment and may be used as an adjunctive or primary mode of therapeutic intervention. Treatment is provided in conjunction with the ongoing assessment of outcome. Additionally, fellows will provide group therapy for a variety of veterans. Fellows acquire skills in developing, planning, and leading psychoeducational and process groups.

Consultation

Fellows will learn to function as consultants throughout the medical center. In some instances, this will include representing psychology as an integral member of a multidisciplinary team. Helping the team make decisions about assessment, diagnosis, treatment, and discharge planning is considered an important role for fellows. In other instances, the fellow will serve as an independent consultant. Clarifying referral questions and providing input on diagnostic issues and treatment plans to a variety of independent practitioners, such as physicians, social workers and nurses, are valuable skills. By the end of the fellowship, the fellow will have gained skills in providing consultation to multidisciplinary teams, as well as to individual practitioners from different disciplines.

Diversity at PVAMC

The Portland VAMC values diversity in our staff. The DoT, Training Committee, Supervisors, and other staff model disclosing and welcoming diversity in the workplace. As an equal opportunity training program, the fellowship welcomes and strongly encourages applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability, or other minority status.

Fellows are expected to demonstrate competence in working with culturally and individually diverse clients. Didactic Seminars are a chance to improve Fellows' cultural competence as well as foster a workplace that appreciates diversity. Each Fellow also presents one Seminar during the year on a self-directed topic concerning diversity or ethical/legal issues.

On an institutional level, PVAMC promotes diversity recruitment and retention through an active Equal Employment Opportunity (EEO) Program with an Advisory Committee as well as a Multicultural Diversity Network:

http://vaww.portland.med.va.gov/Departments/Executive_Office/EEO/index.asp?nImage=3

The EEO/Diversity program fosters a diverse and inclusive work environment that ensures equal opportunity through policy development, workforce analysis, outreach, retention, and education to best serve our nation's Veterans. Special Emphasis Program Representatives (SEPRs) champion diversity concerns of particular groups including veterans, ethnic/ racial/ cultural groups, women, LGBT people, and people with disabilities. PVAMC was the first VA site to establish an LGBT SEPR position on its EEO Advisory Committee; only two other VA sites are known to have an LGBT/sexual minority SEPR. The Multicultural Diversity Network holds special-emphasis programming for veterans and staff to highlight the presence of diversity in the facility and help others gain a more complete understanding of those who may be different from themselves: examples include Asian-Pacific Islander Day, which features food and music from the diverse Asian and Pacific Islander cultures of PVAMC employees; LGBT movie presentations for LGBT Pride Month; and the Martin Luther King Day celebration.

Staff Demographics: Of 31 staff Supervisors 16 (51.6%) are women and 15 (48.4%) are men; 21 (67.8%) identify as Caucasian, 5 (16.1%) as Multiethnic, 4 (12.9%) as Hispanic/Latino, and 1 (3.2%) as Asian/Pacific Islander; and 3 (9.7%) identify as Lesbian, Gay, Bisexual, Transgender, or Intersex. 27 (87.1%) hold PhDs, 3 (9.7%) hold PsyDs, and one (3.2%) is ABD and holds an MA.

Of the 16 Psychologists (licensed and pre-license) hired from 2007 to 2009, 10 (62.5%) are women and 6 (37.5%) are men; 11 (68.8%) identify as Caucasian, 2 (12.5%) as Hispanic/Latino, 2 (12.5%) as Multiethnic, and 1 (6.3%) as Asian/Pacific Islander; and 2 (12.5%) identify as Lesbian, Gay, Bisexual, Transgender, or Intersex. 14 (87.5%) hold PhDs, and 2 (12.5%) hold PsyDs.

Meet the Staff

The 35 staff members are scientist-practitioners of psychology. Staff roles include delivery of clinical service, research, consultation, trainee supervision, and administration. Twenty-one are on the OHSU faculty.



David W. Greaves, Ph.D., Chief of Psychology, Administrative Director of the Mental Health & Clinical Neuroscience Division, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Greaves received his doctorate from Brigham Young University in 1991 and completed his internship at the Portland VAMC. Over the years Dr. Greaves has worked as a clinician and program manager in multiple clinical settings at the Portland VA, as well as being a past Director of Training. He currently provides supervision to postdoctoral fellows in the Palliative Care program. His professional interests include psychotherapy outcome studies and treatment programs for those with severe mental illnesses.

David W. Indest, Psy.D., Director of Training for the Psychology Service, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Indest completed his internship at the VA Northern California Healthcare System in 1997 and received his doctorate from the Virginia Consortium, Program in Clinical Psychology, in 2000. He completed a postdoctoral fellowship in Behavioral Medicine at Dartmouth Medical School in 2002. Dr. Indest trains postdoctoral fellows and interns in health psychology, working with veterans who have chronic medical, mental health, and substance abuse conditions. He is a national trainer in HIV and ethics, and multidisciplinary integrated care for hepatitis C. His background is in public health, focusing on HIV and other sexually transmitted infections, health education, and organizational transformation. His current research interests are motivational interviewing, behavior change, and clinical best practices. On off days, he chases his dogs through the Oregon wilderness.

Elizabeth Goy, Ph.D., Associate Director of Training for the Psychology Service, Clinical Geropsychologist, and Associate Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Goy is a VA Health Services Research & Development Career Development Awardee and core researcher with the PVAMC Portland Center for the Study of Chronic, Comorbid Mental and Physical Disorders. She directs the Psychology Fellowship (Residency) Program and is the lead supervisor of the VA Postdoctoral Fellowship in Palliative Care Psychology. Her clinical practice is focused on mental health interventions for patients with chronic or life-threatening illness. She specializes in research on psychiatric and psychological aspects of end-of-life care, with an emphasis on neurological disorders. Current research includes: documenting the prevalence of mental disorders in hospice patients at the end of life; treatment strategies for depression in hospice and palliative care patients; identification of early predictors of dementia in Parkinson's Disease; family and patient experiences with and views on Oregon's Death with Dignity Act; and documenting the end-of-life trajectory for patients with Parkinson's Disease.

Marilyn Huckans, Ph.D., Practicum Coordinator for the Psychology Service, Neuropsychologist for the Mental Health Clinic, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. After receiving her doctorate in clinical psychology at George Mason University in 2004, Dr. Huckans completed postdoctoral training in health psychology research and clinical neuropsychology at PVAMC. Dr. Huckans' clinical practice currently focuses on cognitive rehabilitation for veterans with mild cognitive impairments, as well neuropsychological assessment and consultation services through the Neuropsychology Clinic at Portland VAMC. Dr. Huckans is a VA Career Development Awardee with funded research projects that utilize neuropsychological assessment, neuroimaging, and inflammatory biochemical markers to examine the cognitive and cortical effects of hepatitis C, methamphetamine abuse, and war-time blast exposure. She also coordinates doctoral student practicum placements at PVAMC.

Dennis J. Allison, Psy.D., Staff Psychologist, Couples and Family Therapist for the Mental Health Clinic, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Allison received his doctorate from Baylor University in 1984. His current research interests are therapy with the families of bipolar patients, the measurement of rehabilitation outcomes, and the development of a general model of psychosocial rehabilitation. Dr. Allison has worked in a wide variety of community mental health settings since 1970, including the Austin Child Guidance Center where he was Clinical Director from 1985-87. His hobbies include snow-shoeing, creative writing, and studying Spanish, Italian, and Greek for travel.

Christopher F. Anderson, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT). Dr. Anderson received his doctorate from Auburn University and completed his internship at Portland VAMC in 2006, after which he joined the SATP staff. Dr. Anderson consults with the Regional Liver Transplant Program, performing pre-transplant evaluations to determine candidate's risk of relapse post transplant surgery. Dr. Anderson's current research interests include examining factors that predict patient's status on the liver transplant wait list and examining programmatic factors that increase retention in substance abuse treatment programs.

Peter M. Benson, Psy.D., Supervisory Psychologist/Patient Care Line Manager of the Opiate Treatment Program, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. After receiving his doctoral degree from the University of Denver School of Professional Psychology, Dr. Benson specialized in dual diagnosis treatment and program development in community mental health. He is experienced in administrative and clinical supervision of mental health and substance abuse programs, including dual diagnosis

inpatient, outpatient, residential, day treatment, and case management programs. He is a member of the Washington Node Steering Committee, NIDA Clinical Trials Network, an organization that bridges research and clinical practice. He consults to the Medical Center's Drug Seeking Behavior Board and Opiate Treatment Performance Improvement Committee.

David Drummond, Ph.D., Director of the Behavioral Threat Management Program for VA Central Office, and Associate Professor of Psychology in the Department of Psychiatry at OHSU. Although based in Portland, Dr. Drummond is Director of the VA's National program for reducing the risk of violence in health care settings. He conducts research, offers training for VA employees, and consults on cases of workplace violence in VA. He also provides leadership, training, and consultation to the Portland VA Medical Center and to Oregon Health Sciences University on matters relating to the management of violence.

Bret Fuller, Ph.D., Staff Psychologist for the Mental Health Clinic, and Assistant Professor in the Department of Public Health & Preventative Medicine at OHSU. Dr. Fuller attained his doctorate from the University of Missouri-Columbia in Counseling Psychology and completed a three-year postdoctoral fellowship in addiction studies at the University of Michigan. He spent six years at Oregon Health and Science University where he published in the areas of substance abuse treatment, methadone policy, and smoking cessation. Currently, he is a member of the Northwest Hepatitis C Resource Center.

Linda R. Gonzales, Ph.D., Staff Psychologist for General Medicine Psychiatry, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Gonzales completed her internship, with a focus on geropsychology, at the Palo Alto VA Healthcare System and completed her doctorate at the University of Oregon in 1984. She has been working in primary care psychology since 1997, focusing on assessment and short-term psychotherapy for medical patients. Dr. Gonzales has a strong commitment to a generalist psychological practice, serving the needs of a complex primary care patient population.

Jed P. Grodin, Ph.D., Staff Psychologist for the PTSD Clinical Team. Dr. Grodin received his doctorate from the University of Southern California, where he conducted research on motivational interviewing and behavior change in psychotherapy. He completed his internship at the Long Beach VAMC and then completed a fellowship in Behavioral Medicine at Harbor-UCLA. Before joining the PTSD Clinical Team at the Portland VAMC, he served as the Behavioral Medicine consultant to the Department of Family Medicine at Harbor-UCLA Medical Center.

Daniela Hugelshofer, Ph.D., Staff Psychologist for the PTSD Clinical Team, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Hugelshofer received her doctorate in clinical psychology from Washington State University in 2006, after completing her pre-doctoral internship at the Portland VAMC. She completed a postdoctoral fellowship specializing in general mental health, PTSD, and substance abuse treatment at the Kansas City VAMC in 2007. Dr. Hugelshofer subsequently joined the Portland VAMC, where she currently serves as a staff psychologist on the PTSD Clinical Team (PCT). She has clinical expertise in cognitive-behavioral therapy for depression, PTSD, and other anxiety disorders.

Kevin F. Mallon, Ph.D., Staff Neuropsychologist for General Medicine Psychiatry, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Mallon received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1992, completing his internship at the Martinez (California) VA Medical Center (now part of the VA Northern California Health Care System), as well as pre- and post-doctoral training in clinical neuropsychology. He worked as a senior psychometrist at the University of

California, San Francisco, and as a neuropsychologist at a rehabilitation hospital, before returning to the VA Northern California HCS in 1995, where he worked in primary care mental health, behavioral medicine (with a focus on pain management), and supervision of neuropsychology trainees. In 2007, he came to the Portland VAMC to work in the primary care setting. His interests include psychological and neuropsychological assessment, behavioral medicine, brief therapies, EMDR, and the application of positive psychology interventions to clinical problems.

Benjamin Morasco, Ph.D., Staff Psychologist, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Morasco received his doctorate in clinical psychology from Saint Louis University in 2003. He completed a postdoctoral fellowship in clinical health psychology at Harford Hospital and a research fellowship in addictive behaviors at the University of Connecticut Health Center. He joined the Portland VAMC in 2005 and provides clinical services in the Substance Abuse Treatment Program, focusing on patients with comorbid medical or psychiatric disorders. He is a funded investigator examining issues of chronic pain in patients with substance use disorders. Other research interests include pain treatment for patients with hepatitis C, use of opioid medications for chronic pain, and the assessment and treatment of pathological gambling.

Adam Nelson, Ph.D., Clinical Neuropsychologist for the Neuropsychology Service, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Nelson received his Ph.D. in Clinical Psychology from the California School of Professional Psychology in Fresno, California, in 2005. He completed his clinical psychology internship at the Portland VA in 2004/2005 and then completed a two-year post-doctoral residency in Neuropsychology at the VA Northern California Health Care System in Martinez. Currently, he is a staff member of the Neuropsychology Service at the Portland VA Medical Center, and has been focusing the majority of his time on evaluating the neuropsychological functioning of veterans returning from Operations Iraqi Freedom and Enduring Freedom. Dr. Nelson also has strong clinical and research interests in geriatric neuropsychology.

Gina L. Ortola, Ph.D., Staff Psychologist for the Mental Health Clinic and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Ortola received her doctorate from Washington State University in 1996 and completed a postdoctoral fellowship in geropsychology at the Portland VAMC. She enjoys incorporating mindfulness-based interventions into her work and has a personal mindfulness practice as well. She has been a member of a Dialectical Behavior Therapy Team for several years and is currently Co-Coordinator for the team. When not working as a psychologist, she enjoys cooking, watching the food network, and being outdoors when it's not raining.

Douglas J. Park, Ph.D., Staff Psychologist and Local Recovery Coordinator for the Portland VAMC. Before joining the Portland VAMC in 2007, Dr. Park worked for almost 20 years in community mental health. While there, he held a variety of clinical and management positions, with particular emphasis on Crisis Services and Time-limited Psychotherapy. As Recovery Coordinator, Dr. Park works to promote an orientation and clinical practices that focus on helping veterans with Serious Mental Illness develop a meaningful life of their choosing in the community.

Angela Plowhead, Psy.D., Staff Psychologist for Home-Based Primary Care. Dr. Plowhead is an Air Force veteran who completed her internship at the Vanderbilt-VA Internship Consortium in Murfreesboro and Nashville, Tennessee. She received her doctorate from George Fox University in 2006. Dr. Plowhead completed her postdoctoral fellowship training in Palliative Care Psychology at the Portland VAMC and became a staff member in 2007. She is currently the coordinator for the internship didactic seminar series. Her clinical

and research interests include the integration of mental health in home-based primary care and decision-making capacity.

Irene G. Powch, Ph.D., Staff Psychologist for the PTSD Clinical Team, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Powch completed her internship at the Seattle VA and received her doctorate from the University of Kansas in 1995. She completed a postdoctoral fellowship at the Pacific Center for PTSD/VA National Center for PTSD in Honolulu in 1996. She has advanced evidence-based treatments for PTSD related to combat and military sexual trauma. She was a site investigator for the VA Cooperative Study that brought recognition within VA to Prolonged Exposure Therapy and was trained in this therapy by Edna Foa in 2001. She integrates object relational/attachment, emotion-focused/gestalt, and feminist/social learning approaches into her work and is on the forefront of exploring complementary approaches to PTSD treatment. Her research interests include acupuncture as an adjunct to cognitive processing therapy for PTSD.

Melissa Ranucci, Ph.D., Staff Psychologist for the Community Living Center (CLC).

Dr. Ranucci received her doctorate from the University of North Texas in 2008 after she completed her internship at the VA Maryland Health Care System/University of Maryland Consortium. She completed a postdoctoral fellowship in Palliative Care at the Portland PVAMC. Dr. Ranucci strives to help veterans in the hospice, palliative care, rehabilitation, and long-term care units improve quality of life by increasing psychological flexibility with an emphasis on values-based living. Her professional interests include end-of-life processes (with special interest in young adults), psycho-oncology, posttraumatic stress disorder, and Acceptance and Commitment Therapy.

Veronica Rodriguez, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program.

Dr. Rodriguez received her doctorate from Arizona State University and completed postdoctoral training in health psychology at the Portland PVAMC. In 2009, she became a staff psychologist in the Substance Abuse Treatment Program, where she provides evaluation and mental health treatment to veterans 65 years of age and older. Dr. Rodriguez' clinical work focuses on veterans with comorbid substance-related, medical, and psychiatric disorders. Her clinical interests include motivational interviewing, mindfulness interventions, CBT, and ACT. She also consults with the PVAMC Liver Transplant Program, performing substance-abuse-focused assessments to determine patients' suitability for organ transplant.

James M. Sardo, Ph.D., Program Co-Manager for the Substance Abuse Treatment Program (SATP) and the PTSD Clinical Team (PCT), and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Sardo received his doctorate from SUNY Binghamton in 1998 and completed advanced training in PTSD at the Portland VAMC in 1999. As the Co-Manager of the SATP and PCT, he performs administrative duties and provides individual and group services for the treatment of substance abuse. Dr. Sardo consults with the Regional Liver Transplant Team. His research interests include both the etiology and treatment of Alcohol Dependence and the efficacy of skill-based management of PTSD. Dr. Sardo serves in the United States Air Force Reserve and has completed two deployments to Iraq, where he provided a range of mental health services while attached to 332nd EMDG. He is anticipating a possible 3rd deployment.

Robert Socherman, Ph.D., Staff Psychologist for Home-Based Primary Care, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU.

Dr. Socherman completed his internship at the American Lake VA in Puget Sound in 1999 and received his doctorate from the University of Georgia, Counseling Psychology Program. He then moved on to a two-year postdoctoral fellowship in Program Evaluation and Public Health at the University of Colorado Health Sciences Center. His training and experiences have led to

an interest in integrated care and the cost of healthcare and service utilization patterns. He currently researches the interaction of mental and physical health factors, especially as they affect end-of-life issues.

Daniel Storzbach, Ph.D., Head of the Neuropsychology Service, Research Psychologist, and Associate Professor of Psychiatry and Neurology at OHSU.

Dr. Storzbach received his doctorate in clinical psychology from the University of Nebraska-Lincoln in 1995 and completed his postdoctoral training in neuropsychology at the Portland VAMC. He is the head of PVAMC's Neuropsychology Clinic and the primary supervisor for neuropsychology training. Dr. Storzbach's research interests focus on the effects of combat stressors, both psychological and physical, on neuropsychological function. He is currently the principal investigator for two VA-funded studies: an investigation of the effects of combat blast exposure on OEF/OIF veterans and a multisite investigation of group cognitive rehabilitation outcome. Dr. Storzbach also collaborates on other research with VA and OHSU investigators, particularly at PVAMC's Imaging Service, PVAMC's Epilepsy Center of Excellence, PVAMC's National Center for Rehabilitative Auditory Research, and OHSU's Center for Research on Occupational and Environmental Toxicology. He enjoys travel, hiking, and dining with his family in the Pacific Northwest.

Sarah Súniga, Ph.D., Staff Psychologist for the PTSD Clinical Team and the Substance Abuse Treatment Program.

Dr. Súniga received her doctorate from Kent State University in Clinical Psychology with a Health Psychology emphasis. She completed her internship at the Portland VAMC in 2007 and remained to complete postdoctoral training in PTSD. Dr. Súniga became a staff psychologist in 2009, focusing on PTSD and comorbid Substance Use Disorders, working with both the PTSD Clinical Team and Substance Abuse Treatment Program. Her clinical work is focused on providing assessment and treatment of comorbid PTSD/SUD. Additionally, Dr. Súniga is a Prolonged Exposure consultant for the National Center for PTSD, providing consultation to mental health providers throughout VA to implement PE. Her clinical interests include cognitive-behavioral therapy for PTSD, particularly PE and Cognitive Processing Therapy, and mindfulness-based approaches, including Acceptance and Commitment Therapy.

Josie J. Tracy, Ph.D., Staff Psychologist for the Substance Abuse Treatment Program.

Dr. Tracy received her Ph.D. in Clinical Psychology from the University of Mississippi in 2008, having completed her predoctoral internship through the Southwest Consortium Pre-doctoral Psychology Internship (SCPPI) in Albuquerque, New Mexico. She completed an APA-accredited postdoctoral fellowship through the Center for Excellence in Substance Abuse Treatment and Education (CESATE) at the Puget Sound VAMC, Seattle Division, in 2009. Dr. Tracy joined the PVAMC Substance Abuse Treatment Program in 2010, where she develops programs and provides assessment, treatment, and case management for veterans with substance use and co-occurring disorders. Her clinical approach draws from behavioral, motivational, and acceptance-based therapies. She has research experience in the areas of chronic pain treatment for patients with co-occurring substance use disorders and factors related to nicotine dependence and cessation.

Saw-Myo Tun, Ph.D., Research Psychologist, Neuropsychology Service and PTSD Clinical Team.

Dr. Tun received her doctorate from Michigan State University and completed her internship and a two-year polytrauma postdoctoral fellowship at the Portland VAMC. Her clinical and research interests include the psychological and cognitive effects of blast exposure, cognitive rehabilitation for veterans with mild TBI, individual and couples treatment of veterans with comorbid PTSD and cognitive difficulties, and geriatric neuropsychology. Her non-work interests include exploring the Pacific Northwest, reading good books, and learning to rock climb.

Lynn M. Van Male, Ph.D., Director of the Prevention and management of Disruptive Behavior (PMDB) Program for VA Central Office, and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Van Male received her doctorate from the University of Missouri-Columbia in 2000 after completing her pre-doctoral internship at Portland VA Medical Center (1999-2000). She served for over nine years as a Staff Psychologist on the PTSD Clinical Team (PCT) at Portland VA Medical Center. In addition to her national work with the PMDB program, Dr. Van Male maintains a clinical role on the PCT, serves on the Portland VA Medical Center's Disruptive Behavior Board, and is a member of the Threat Assessment Team at Portland VA Medical Center and at OHSU.

Amy Wagner, Ph.D., Staff Psychologist for the PTSD Clinical Team, and Associate Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Wagner received her doctorate in clinical psychology from the University of Washington in 1995 and completed a postdoctoral fellowship at the National Center for PTSD, Women's Division, at the Boston VAMC in 1997. Since that time she has held faculty positions at the University of Wyoming and the Department of Psychiatry & Behavioral Sciences at the University of Washington. Dr. Wagner joined the Vancouver division of the Portland VAMC in September 2005. She has clinical expertise in cognitive-behavioral therapy for PTSD and anxiety disorders more generally, as well as Dialectical Behavior Therapy. She has research interests in treatment development and evaluation, emotion regulation, and treatment dissemination. Through a VA Merit grant she is currently examining the effectiveness and acceptability of Behavioral Activation Therapy for the early treatment of PTSD and depression among veterans who served in Iraq and Afghanistan.

Mark F. Ward, Ph.D., Patient Care Line Manager of the Footsteps to Recovery Day Treatment Program, Mental Health Intensive Case Management Program, the Oregon Rural Mental Health Initiative, and General Medicine Psychiatry programs; and Assistant Professor of Psychology in the Department of Psychiatry at OHSU. Dr. Ward is a 1980 graduate of the University of Utah clinical psychology program and served his internship at the Portland VAMC. He has extensive experience in community-based outpatient and day treatment programs for patients with serious and persistent mental illness. Dr. Ward has specialized in psychotherapy of severe personality disorders, neuropsychological assessment, and adult attention deficit disorder. His Rural Initiative is delivering psychotherapy services to rural Oregon via Tele-video. His current research activities involve diagnosis and treatment of adult attention deficit hyperactivity disorder, the neuropsychology of schizophrenia, and methodologies for screening for cognitive deficits in a variety of psychiatric disorders.

Current Staff Research Activities

The VA values research for its role in improving patient care and attracting high quality clinical providers and scientific staff. The Portland VAMC is ranked as one of the top 10 VA organizations for research funding. Currently, more than 150 staff at this VA are principal investigators involved in medical and behavioral science research. The Portland VAMC receives approximately \$16 million annually in VA intramural funding and another \$16 million in non-VA funds (including support from NIH, NIMH, private foundations, and biomedical and pharmaceutical industries) to support over 500 active research projects throughout the Medical Center.

Each fellowship varies in its mix of clinical and research training; however, Portland VAMC encourages and nurtures involvement in research activities. Many staff welcome trainee involvement in ongoing research including grant preparation, data collection, data analysis, and manuscript preparation. Fellows have opportunities to co-author publications and professional presentations. Fellows especially interested in developing research careers can take advantage of many resources associated with this VA's close ties to OHSU, which is literally connected to the VA by a sky bridge. Most VA psychologists hold academic appointments at OHSU, which hosts a medical school and other health science programs.

Recent Staff Publications and Presentations

The following is a sampling of recent publications and presentations by psychologists who provide clinical supervision to interns and fellows.

2009

Campbell, B. K., **Fuller, B. E.**, Lee, E. S., Tillotson, C., Woelfel, T., Jenkins, L., Robinson, J., Booth, R. E., & McCarty, D. (in press). Facilitating outpatient treatment entry following detoxification for injection drug use: A multi-site test of three interventions. *Psychology of Addictive Behaviors*.

Dobscha, S. K., Clark, M. E., **Morasco, B. J.**, Freeman, M., Campbell, R., & Helfand, M. (in press). Systematic review of the literature on pain in patients with polytrauma including traumatic brain injury. *Pain Medicine*.

Ganzini, L., **Goy E. R.**, Dobscha, S. K (October 2009). Mental health outcomes of family members of Oregonians who request physician aid in dying. *Journal of Pain and Symptom Management*.

Ganzini, L., **Goy E. R.**, Dobscha, S. K (2009). Oregonians' reasons for requesting physician aid in dying. *Archives of Internal Medicine*, 169(5), 489-492.

Hauser, P., **Morasco, B. J.**, Linke, A., Bjornson, D., Ruimy, S., Matthews, A., Rifai, M. A., **Indest, D. W.**, **Huckans, M.**, & Loftis, J. M. (in press). Antiviral completion rates and sustained viral response in hepatitis C patients with- versus without- pre-existing major depressive disorder. *Psychosomatics*.

Huckans, M., Lahna, D., Schwartz, D., Mitchell, A., Lubner, H., Kriz, D., Cocoli, E., Kolessar, M., Loftis, J., & Hoffman, W. (June 2009). White matter integrity and cognitive function during early recovery from methamphetamine abuse. Poster session presented at the annual meeting of the American Academy of Clinical Neuropsychology, San Diego, CA.

Huckans, M., Mitchell, A., Pavawalla, S., **Morasco, B.**, Ruimy, S., Loftis, J., Rifai, M. A., & Hauser, P. (in press). The influence of antiviral therapy on psychiatric symptoms among hepatitis C patients with schizophrenia. *Antiviral Therapy*.

Huckans, M., Pavawalla, S., Demadura, T., Kolessar, M., Seelye, A., Roost, N., Tun, S., McCall, K., Twamley, E., & **Storzbach, D.** (June 2009). A pilot study examining the effect of a group-based cognitive strategy training intervention on self-reported psychiatric symptoms, functioning, and compensatory strategy utilization in OIF combat veterans with mild traumatic brain injury. Poster session presented at the annual meeting of the American Academy of Clinical Neuropsychology, San Diego, CA.

Huckans, M., Pavawalla, S., Demadura, T., Kolessar, M., Seelye, A., Twamley, E., & **Storzbach, D.** (in press). A pilot study examining the effect of a group-based cognitive strategy training (CST) intervention on self-reported psychiatric symptoms, functioning, and compensatory strategy utilization in OIF/OEF combat veterans with mild cognitive disorder. *Journal of Rehabilitation Research and Development*.

Huckans, M., Seelye, A., Parcel, T., Mull, L., Woodhouse, J., Bjornson, D., **Fuller, B. E.**, Loftis, J. M., **Morasco, B. J.**, Sasaki, A. W., **Storzbach, D.**, & Hauser, P. (2009). The cognitive effects of hepatitis C in the presence and absence of a history of substance use disorder. *Journal of the International Neuropsychological Society*, 15, 69-82.

Indest, D. W. (May 2009). Pre-treatment assessment of patients with hepatitis C. In M. A. Rifai & P. Hauser (Chairs), Integrated Care for Patients with Hepatitis C. CME mini-course presented at the annual meeting of the American Psychiatric Association, San Francisco, CA.

Indest, D. W. (April 2009). Pre-treatment evaluation for psychiatric and substance use disorders. Systematic education of newly diagnosed patients with HCV. Presentations at Maximizing Hepatitis C Care in the VA, Chicago, IL. (Also presented September 2007, April 2008, & September 2008).

Loftis, J., **Huckans, M.**, & Williams, A. (June 2009). Methamphetamine administration causes increased neuroinflammation accompanied by peripheral immunosuppression in mice. Poster session presented at the annual meeting of the Psychoneuroimmunology Research Society, Breckenridge, CO.

Loftis, J. M., **Morasco, B. J.**, Menasco, D. J., Fuchs, D., Strater, M., & Hauser, P. (March 2009). Serotonin levels are associated with sustained viral response rates in HCV patients undergoing interferon-based therapy beyond the effects of demographic and disease-related factors. Poster session presented at the 13th International Symposium on Viral Hepatitis and Liver Disease, Washington, DC.

Loftis, J. M., Murphy-Crews, A., Menasco, D. J., **Huckans, M. S.**, & Strater, M. (January 2009). Cytokine-induced depression: Effects of interleukin-1 β and corticotrophin-releasing factor antagonism on biochemical and behavioral indicators of "depression" in the rat. Poster session presented at the annual Cytokines and Inflammation Conference, San Diego, CA.

Morasco, B. J., Ledgerwood, D. M., Weinstock, J., & Petry, N. M. (2009). Cognitive-behavioral approaches to pathological gambling. In G. Simos (Ed.), *Cognitive Behaviour Therapy: A Guide for the Practicing Clinician*, Vol. 2 (pp. 112-116). London: Routledge.

Morasco, B. J., Loftis, J. M., **Indest, D. W.**, Ruimy, S., Davison J. W., Felker, B., & Hauser, P. (in press). Prophylactic antidepressant treatment in patients with hepatitis C on antiviral therapy: A double-blind, placebo-controlled trial. *Psychosomatics*.

Morasco, B. J., Patterson, A. L., Benson, P., Dogra, M., Resnick, M. P., & Dobscha, S. K. (June 2009). An integrated intervention for chronic pain and substance use reduces opioid medication misuse. Poster session presented at the College on Problems of Drug Dependence Annual Conference, Reno, NV.

Morasco, B. J., Woodhouse, J., Seelye, A., Turk, D. C., Hauser, P., & **Huckans, M.** (May 2009). Factors associated with pain intensity and functioning in patients infected with the hepatitis C virus. Poster session presented at the American Pain Society Annual Conference, San Diego, CA.

Petry, N. M., Weinstock, J., **Morasco, B. J.**, & Ledgerwood, D. M. (in press). Randomized trial of brief motivational interventions for college student problem gamblers. *Addiction*.

2008

Fuller, B. E., & Guydish, J. (2008). No smoking: Integrating smoking cessation with treatment. *Counselor, The Magazine for Addiction Professionals*, 9(1), 22-27.

Fuller, B. E., Rodriguez, V., Linke, A., **Morasco, B. J.**, & Hauser, P. (2008 October). HIV co-testing among veterans with hepatitis C in the National VA Hepatitis C Registry. Poster session presented at the U.S. Psychiatric Congress Annual Meeting, San Diego, CA.

Ganzini, L., **Goy, E. R.**, Dobscha, S. K. (2008). Depression and anxiety in patients requesting physician aid in dying. *British Medical Journal*, 337, a1682.

Ganzini, L., **Goy, E. R.**, & Dobscha, S. (2008). Family views on assisted suicide. *Journal of General Internal Medicine*, 23, 154-157.

Goy, E. R. (April 2008). Psychological and psychiatric considerations for quality end of life care. Workshop presented at Oregon State University 32nd Annual Gerontology Conference, Corvallis, OR.

Goy, E. R. (June 2008). Screening for cognitive impairment in a Parkinson's clinic. Poster session presented at Movement Disorders Society International Meeting, Chicago, IL.

Goy, E. R. (November 2008). Family members' views on and experiences around physician aid in dying. Symposium at Academy of Psychosomatic Medicine Annual Meetings, Miami, FL.

Goy, E. R., Carter, J., & Ganzini, L. (2008). Needs and experiences of caregivers for family members dying of Parkinson Disease. *Journal of Palliative Care*, 24(2), 69-75.

Goy, E. R., Carter, J., & Ganzini, L. (2008). Neurological disease at the end of life: Caregiver descriptions of Parkinson Disease and amyotrophic lateral sclerosis. *Journal of Palliative Medicine*, 11(4), 548-554.

Hoffman, W. F., Schwartz, D. L., **Huckans, M. S.,** McFarland, B. H., Stevens, A. A., & Mitchell, S. H. (2008). Cortical activation during delay discounting in abstinent methamphetamine dependent individuals. *Psychopharmacology*, 201(2), 183-193.

Huckans, M., Mitchell, A., Ruimy, S., Loftis, J., & Hauser, P. (2008, June 17). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. *Schizophrenia Bulletin* [On-line]. Available: <http://schizophreniabulletin.oxfordjournals.org/cgi/reprint/sbn065v1>

Huckans, M., Seelye, A., Woodhouse, J., Parcel, T., Mull, L., Loftis, J., **Fuller, B.,** Sasaki, A., & Hauser, P. (June 2008). Hepatitis C associated cognitive impairment in the presence and absence of a history or substance use disorder. Poster session presented at American Academy of Clinical Neuropsychology, Boston, MA.

Indest, D. W. (May 2008). Pre-treatment assessment of patients with hepatitis C. In M. A. Rifai & P. Hauser (Chairs), Psychiatric Care of the Hepatitis C Patient. CME mini-course presented at the annual meeting of the American Psychiatric Association, Washington, DC.

Lahna, D. L., Schwartz, D. L., Mitchell, A. D., Luber, H. S., **Huckans, M. S.,** & Hoffman, W. (November 2008). White matter changes in abstinent methamphetamine abusers. Poster session presented at the annual meeting of the Society for Neuroscience, Washington, DC.

Loftis, J., **Huckans, M.** Ruimy, S., Hinrichs, D., & Hauser, P. (2008). Depressive symptoms in patients with chronic hepatitis C are correlated with elevated plasma levels of interleukin-1beta and tumor necrosis factor-alpha. *Neuroscience Letters*, 430(3), 264-268.

Matthews, A., **Huckans, M.,** Blackwell, A.D., & Hauser, P. (2008). Hepatitis C testing and infection rates in bipolar patients with and without co-morbid substance use disorders. *Bipolar Disorders*, 10(2), 266-270.

McCarty, D., **Fuller, B.,** Kaskutas, L. A., Nunes, E. V., Miller, M., Forman, R., Magruder, K. M., Arfken, C., Copersino, M., Floyd, A., Sindelar, J., & Edmundson, E. (in press). Treatment programs in the National Drug Abuse Treatment Clinical Trials Network. *Drug and Alcohol Dependence*.

Morasco, B. J., & Dobscha, S. K. (2008). Medication misuse and substance use disorder in VA primary care patients with chronic pain. *General Hospital Psychiatry*, 30, 93-99.

Nelligan, J., **Indest, D. W.,** & Hauser, P. (2008). Mental health & neurocognitive issues associated with hepatitis C infection. In T. M. St. John & L. Sandt (Eds.), *Hepatitis C Choices* (4th ed., pp. 311-318). Vancouver, WA: Caring Ambassadors Program.

Petry, N. M., Weinstock, J., Ledgerwood, D. M., & **Morasco, B. J.** (2008). A randomized trial of brief interventions for problem and pathological gamblers. *Journal of Consulting and Clinical Psychology*, 76, 318-328.

Seelye, A., **Huckans, M.,** Parcel, T., Woodhouse, J., Mitchell, A., Schwartz, D., & Hoffman, W. (June 2008). Neuropsychological functioning across recovery from methamphetamine dependence. Poster session presented at American Academy of Clinical Neuropsychology, Boston, MA.

Whitehead, A. J., Dobscha, S. K., **Morasco, B. J.**, Ruimy, S., Bussell, C., & Hauser, P. (2008). Pain, substance use disorders, and opioid analgesic prescription patterns in veterans with hepatitis C. *Journal of Pain and Symptom Management*, 36, 39-45.

2007

Fuller, B. E., Guydish, J., Tsoh, J., Ried, M., Resnick, M., Zammarelli, L., Ziedonis, D. M., Sears, C., & McCarty, D. (2007). Attitudes toward smoking cessation programs in drug abuse treatment clinics. *Journal of Substance Abuse Treatment*, 32, 53-60.

Fuller, B. E., Rieckmann, T., Nunes, E. V., Miller, M., Arfken, C., Edmundson, E., & McCarty, D. (2007). Organizational readiness for change and opinions toward treatment innovations. *Journal of Substance Abuse Treatment*, 33, 183-192.

Goy, E. R. (May 2007). Parkinson's Disease at the end of life: Caregiver perspectives. Poster session presented at American Academy of Neurology International Meetings, Boston, MA.

Goy, E. R. (June 2007). Parkinson's Disease at the end of life. Invited presentation at the Statewide Palliative Care Conference, OHSU Center for Ethics, Portland, OR.

Goy, E. R. (October 2007). End of life care for a person with Parkinson Disease: Research and clinical implications. Presentation at Portland VAMC Geriatric Education and Clinical Center (GRECC) educational series, Portland, OR.

Goy, E. R. (co-presenter) (November 2007). Accusations of euthanasia in end of life care. Panel presentation at Academy of Psychosomatic Medicine Annual Meeting, Amelia Island, FL.

Goy, E. R., Carter, J., & Ganzini, L. (2007). Parkinson's Disease at the end of life: Caregiver perspectives. *Neurology*, 69(6), 611-612.

Goy, E. R., Farrenkopf, K., & Ganzini, L. (2007). Mental health consultation and referral. In K. Haley & M. Lee (Eds.), *The Oregon Death with Dignity Act: A Guidebook for Health Care Providers*. Portland, OR: OHSU Center for Ethics in Health Care.

Goy, E. R. (February 2007). Parkinson's Disease at the end of life. Poster session presented at VA HSR&D National Meeting, Washington, DC.

Hauser, P., **Morasco, B. J.**, Linke, A., Matthews, A., **Indest, D. W.**, & Loftis, J. M. (2007). Antiviral completion rates and sustained viral response in hepatitis C patients with- versus without- pre-existing major depressive disorder. Paper presented at the American Psychiatric Association Annual Meeting, San Diego, CA.

Hoffman, W. F., Schwartz, D. L., **Huckans, M. S.**, McFarland, B. H., Stevens, A. A., & Mitchell, S. H. (November 2007). Amygdalar activation during delay discounting in abstinent methamphetamine dependent individuals. Poster session presented at Society for Neuroscience, San Diego, CA.

Huckans, M., & Loftis, J. (Chairs) (November 2007). Effects of immune activation on psychiatric and cognitive functioning in HIV, HCV, and methamphetamine use: Integration of genetic, biochemical, and neuroanatomical correlates. Symposium presented at the 3rd International Congress on Brain and Behavior, Thessaloniki, Greece.

Huckans, M., Loftis, J., Blackwell, A. D., Linke, A., & Hauser, P. (2007, January 12). Interferon alpha therapy for hepatitis C: Treatment completion and response rates among patients with substance use disorders. *Substance Abuse Treatment, Prevention, and Policy* [On-line], 2(4). Available: <http://www.substanceabusepolicy.com/content/2/1/4>

Huckans, M., Loftis, J., Ruimy, S., Bjornson, D., Parcel, T., Woodhouse, J., Seelye, A., Nelligan, J., Sasaki, A., & Hauser, P. (February 2007). The relationship between peripheral cytokine levels and

neuropsychological functioning in patients with hepatitis C. Poster session presented at International Neuropsychological Society, Portland, OR.

Indest, D. W. (May 2007). Pre-treatment assessment of patients with hepatitis C. In M. A. Rifai & P. Hauser (Chairs), Psychiatric Care of the Hepatitis C Patient. CME mini-course presented at the annual meeting of the American Psychiatric Association, San Diego, CA.

Indest, D. W. (December 2007). Integration of education, mental health & substance abuse services, & hepatitis C treatment: A Veterans Administration model. Presentation at Hepatitis C: From Silence to Solutions (Conference), Michigan Department of Community Health, Plymouth, MI.

Loftis, J., **Huckans, M.**, Ruimy, S., Hinrichs, D. J., & Hauser, P. (May 2007). Elevated levels of plasma interleukin-1beta and tumor necrosis factor-alpha are associated with increased depressive symptomatology in patients with and without chronic hepatitis C. Poster session presented at American Psychiatric Association, San Diego, CA.

Jacupcak, M., **Wagner, A.**, & Dimidjian, S. (November 2007). Brief behavioral activation for treating PTSD and depression in Iraq and Afghanistan war veterans. Paper presented at the 41st annual convention of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.

Ledgerwood, D. M., Weinstock J., **Morasco, B. J.**, & Petry, N. M. (2007). Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behavior. *Journal of the American Academy of Psychiatry and the Law*, 35, 294-301.

McCarty, D. J., **Fuller, B. E.**, Arfken, C., et al. (2007). Direct care workers in the National Drug Abuse Treatment Clinical Trials Network: Characteristics, opinions, and beliefs. *Psychiatric Services*, 58(2), 1-10.

Mitchell, A., **Huckans, M.**, Loftis, J., Ruimy, S. & Hauser, P. (May 2007). Antiviral therapy completion and response rates among hepatitis C patients with and without schizophrenia. Poster session presented at American Psychiatric Association, San Diego, CA.

Morasco, B. J., Gfeller, J. D., & Elder, K. A. (2007). The utility of the NEO PI-R validity scales to detect response distortion: A comparison with the MMPI-2. *Journal of Personality Assessment*, 88, 276-283.

Morasco, B. J., Rifai, M. A., Loftis, J. M., **Indest, D. W.**, Moles, J. K., & Hauser, P. (2007). A randomized trial of paroxetine to prevent interferon- α -induced depression in patients with hepatitis C. *Journal of Affective Disorders*, 103, 83-90.

Morasco, B. J., Weinstock, J., Ledgerwood, D. M., & Petry, N. M. (2007). Psychological factors that promote and inhibit pathological gambling. *Cognitive & Behavioral Practice*, 14, 208-217.

Pietrzak, R. H., **Morasco, B. J.**, Blanco, C., Grant, B. F., & Petry, N. M. (2007). Psychiatric and medical comorbidity in older adult disordered gambling: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 15, 301-313.

Rieckmann, T. R., Daley, M., **Fuller, B. E.**, Parks, C. P., & McCarty, D. (2007). Client and counselor attitudes toward the adoption of medications for treatment of opiate dependence. *Journal of Substance Abuse Treatment*, 32, 207-215.

Salinsky, M., **Storzbach, D.**, Oken, B., & Spencer, D. (2007). Topiramate effects on the EEG and alertness in healthy volunteers: A different profile of antiepileptic drug neurotoxicity. *Epilepsy & Behavior*, 10, 463-469.

Wagner, A. W., Rizvi, S. L., & Harned, M. S. (2007). Applications of Dialectical Behavior Therapy to the treatment of complex trauma-related problems: When one case formulation does not fit all. *Journal of Traumatic Stress*, 20, 391-400.

Wagner, A. W., Zatzick, D. F., Ghesquiere, A., & Jurkovich, J. G. (2007). Behavioral activation as an early intervention for PTSD and depression among physically injured trauma survivors. *Cognitive and Behavioral Practice, 14*, 341-349.

2006

Binder, L. M., **Storzbach, D.,** & Salinsky, M. C. (2006). MMPI-2 profiles of persons with multiple chemical sensitivity. *Clinical Neuropsychology, 20*, 848-857.

Fireman, M., **Morasco, B. J.,** & Ham, J. (October 2006). Outcome of liver transplantation in patients with alcohol and other substance use disorders. Paper presented at the Academy of Psychosomatic Medicine Annual Meeting, Tucson, AZ.

Fuller, B. E., Rieckmann T. R., McCarty, D., Ringor-Carty, R., & Kennard, S. (2006). Elimination of methadone benefits in the Oregon Health Plan and its effects on patients. *Psychiatric Services, 57*, 686-691.

Ganzini, L., & **Goy, E. R.** (2006). Influence of mental illness on decision-making at the end of life. In L. Jansen (Ed.), *Death in the Clinic* (pp. 81-96). Lanham, MD: Rowman & Littlefield Publishers, Inc.

Goy, E. R. (May 2006). Quality of dying: Dimensions of patient control. Seminar panelist at Oncology Nursing Society 2006 Congress, Boston, MA.

Goy, E. R. (October 2006). The ethical foundations of decision-making for dementia. Workshop presented at Alzheimer Network (Alznet), Corvallis, OR.

Huckans, M., Blackwell, A. D., Harms, T. A., & Hauser, P. (2006). Hepatitis C disease management patterns in high-risk populations: Testing, infection, and treatment rates among patients with schizophrenia, schizoaffective disorder, and substance abuse disorders. *Psychiatric Services, 57*(3), 403-406.

Huckans, M., Mull, L., Parcel, T., Bjornson, D., Nelligan, J., Loftis, J., **Morasco, B.,** & Hauser, P. (October 2006). The neuropsychological effects of hepatitis C in the absence of substance use disorder. Poster session presented at National Academy of Neuropsychology, San Antonio, TX.

Hugelshofer, D. S., & Kwon, P. H. (August 2006). LGB speaker panels' effect on students' attitudes and behaviors. Poster session presented at the annual meeting of the American Psychological Association, New Orleans, LA.

Hugelshofer, D. S., Kwon, P., Reff, R. C., & Olson, M. L. (2006). Humour's role in the relation between attributional style and dysphoria. *European Journal of Personality, 20*, 325-336.

Indest, D. W. (May 2006). Pre-treatment assessment of patients with hepatitis C. In M. A. Rifai & P. Hauser (Chairs), *Overcoming Challenges in the Treatment of Hepatitis C Patients with Psychiatric Illness*. CME mini-course presented at the annual meeting of the American Psychiatric Association, Toronto, ON, Canada.

Indest, D. W., & Nelligan, J. A. (October 2006). HCV integrated care: Educational and behavioral interventions. Presentation at National Blood Borne Conference: A Silent Epidemic, Community Health Center & Northeastern Ohio Universities College of Medicine, Chicago, IL.

Kizer, E. E., Whitehead, A. J., **Indest, D. W.,** & Hauser, P. (2006). Efficacy of group education in veterans with hepatitis C. *Federal Practitioner, 23* (12), 50-57.

Kwon, P. H., & **Hugelshofer, D. S.** (August 2006). Hostile workplace climate for LBG individuals: Protective role of hope. Poster session presented at the annual meeting of the American Psychological Association, New Orleans, LA.

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